100883

(0)	And Alouan		
(Re	equestor's Name)		
(Ac	idress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone) #)	
-	******		
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SECKLINKY OF STATE
TALLAHASSEE, FLORID

P.M.

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: COMMPACT II, INC.				
(Name of Corporation)				
DOCUMENT NUMBER: J00883				
The enclosed Resignation of Register	red Agent for a Corporation and fee are submitted for filing.			
Please return all correspondence cond	cerning this matter to the following:			
Pedro A. Martin				
(Name of Person	n)			
Greenberg Traurig, P.A.				
(Name of Firm/Com	pany)			
1221 Brickell Avenue				
(Address)				
Miami, FL 33131				
(City/State and Zip (Code)			
For further information concerning this matter, please call:				
Pedro A. Martin (Name of Person)	at (305) 579-0545 (Area Code & Daytime Telephone Number)			
Enclosed is a check made payable to or \$35.00 for an administratively diss	the Florida Department of State for \$87.50 for an active corporation solved, voluntarily dissolved or withdrawn corporation.			
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314			

CR2E046(08/05)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the	provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.	.1509,
Florida Statutes	s, the undersigned, Pe	dro A. Martin	
		(Name of Registered Agent)	
hereby resigns:	as Registered Agent for	COMMPACT II, INC.	
	B B	(Name of Corporation)	
J00883			
(Docume	nt Number, if known)		* * · · · · · · · · · · · · · · · · · ·
A copy of this	resignation was mailed to	o the above listed corporation at its last kno	wn address.
The agency is t this statement i	s filed.	discontinued on the 31st day after the date	- ·
If signing on bo	chalf of an entity:	gnature of Resigning Agent)	OG NUG 22 NAECHERASS
	Pedro A. Martin		mg 3
		Typed or Printed Name)	REFERENCE OF THE PARTY OF THE P
	Registered Agent		IDA W
		(Capacity)	· · · · · · · · · · · · · · · · · · ·

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314